

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725337

FILED
Feb 19, 2009
Secretary of State

Entity Name: PILOT CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

PO BOX 10544
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

9360 CRAVEN RD
UNIT 103
JACKSONVILLE, FL 32257 US

Current Mailing Address:

P.O. BOX 10544
JACKSONVILLE, FL 32207 US

New Mailing Address:

PO BOX 10544
JACKSONVILLE, FL 32207

FEI Number: 56-6013007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAHLER, MARY
1266 LEBLANC RD.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

COLLIER, DIANNE
9360 CRAVEN RD
UNIT 103
JACKSONVILLE, FL 32257 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANNE COLLIER

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DESOUSA, KARYL
Address: 3330 REMLER DRIVE E
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: STAHLER, MARY
Address: 1266 LEBLANC RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: PROUDER, GAIL
Address: 4647 POLARIS ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: TAYLOR, THERESE SECRETA
Address: 36 JARDIN DEMER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: CASEY-BAKAI, SHERRILL
Address: 9132 GLENDOWER CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: COLLIER, DIANE
Address: 9360 CRAVEN RD UNIT 103
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENDER, GAIL MRS.
Address: 4647 POLARIS ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD (X) Change () Addition
Name: COLLIER, DIANNE MS.
Address: 9360 CRAVEN RD, UNIT 103
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Change () Addition
Name: CASEY-BAKAI, SHERRILL MRS.
Address: 9132 GLENDOWER CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: S (X) Change () Addition
Name: PAYNE, DIANA MRS.
Address: 6901 SALAMANCA AVE W
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change () Addition
Name: MEADOWS, KATHLEEN MRS.
Address: 3023 SHADY DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change () Addition
Name: BARRETT, CAROLYN MISS
Address: 1531 LEBARON AVE
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN BARRETT

DIR

02/19/2009

Electronic Signature of Signing Officer or Director

Date